CLARITY HMIS: KC- VA SERVICES STATUS FORM
(Including HUD VASH, SSVF, GPD)

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

CLIENT NAME OR IDENTIFIER:_____

Please ask the questions in the order below assuring that the domestic violence questions are asked first. It is best practice to complete program enrollment with adult household members separately.

PROGRAM STATUS DATE *[All Individuals/Clients]*

		-			-				
Month			Day			Year			

SURVIVOR OF DOMESTIC VIOLENCE *[Head of Household and Adults] Has the individual/client experienced a past or current relationship of any type that broke down or was unhealthy, controlling and/or abusive? (This includes domestic violence, dating violence, sexual assault, and stalking.)*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO DOMESTIC VIOLENCE			
WHEN EXPERIENCE OCCURRED			
○	Within the past three months	○	One year ago or more
○	Three to six months ago (excluding six months exactly)	○	Client doesn't know
		○	Client prefers not to answer
○	Six months to one year ago (excluding one year exactly)	○	Data not collected

Are you currently fleeing?*				
	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

**If individual/client is currently fleeing or attempting to flee domestic violence please provide the Washington Coalition Against Domestic Violence Hotline at:* 877-737-0242 or 206-737-0242

DISABLING CONDITION *[All Individuals/Clients]*
If individual/client is in need of resources, contact the following as appropriate:

- *For aging or disability support, call the Community Living Connections Line at: 206-962-8467/1-844-348-5464(Toll Free),*
- *For crisis services: Crisis Connections at: 1-866-427-4747,*

- *For mental health or substance use services: King County Behavioral Health Recovery Client Services Line: 1-800-790-8049,*
- *For confidential peer support: Washington Warm Line 1-877-500-WARM(9276).*

DOES THE INDIVIDUAL/CLIENT HAVE:

A PHYSICAL DISABILITY and/or PHYSICAL HEALTH CONDITION *[All Individuals/Clients, not required for SSVF]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY				
Expected to be of long-continued and indefinite duration?	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

A DEVELOPMENTAL DISABILITY *[All Individuals/Clients, not required for SSVF]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

A CHRONIC HEALTH CONDITION *[All Individuals/Clients, not required for SSVF]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY				
	○	No	○	Client doesn't know

Expected to be of long-continued and indefinite duration?	○	Yes	○	Client prefers not to answer
			○	Data not collected

A MENTAL HEALTH CONDITION *[All Individuals/Clients, not required for SSVF]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY

Expected to be of long-continued and indefinite duration?	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

SUBSTANCE ABUSE ISSUE *[All Individuals/Clients, not required for SSVF]*

○	No	○	Both alcohol & drug use disorder
○	Alcohol use disorder	○	Client doesn't know
		○	Client prefers not to answer
○	Drug use disorder	○	Data not collected

IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDER"– SPECIFY

Expected to be of long-continued and indefinite duration?	○	No	○	Client doesn't know
	○	Yes	○	Client prefers not to answer
			○	Data not collected

MONTHLY INCOME AND SOURCES *[Head of Household and Adults]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

	Income Source	**Amount**		**Income Source**	**Amount**
○	Earned Income		○	TANF (Temporary Assist for Needy Families)	
○	Unemployment Insurance		○	General Assistance (GA)	

○	Supplemental Security Income (SSI)		○	Retirement Income from Social Security	
○	Social Security Disability Insurance (SSDI)		○	Pension or retirement income from former job	
○	VA Service-Connected Disability Compensation		○	Child Support	
○	VA Non-Service Connected Disability Pension		○	Alimony and other spousal support	
○	Private disability insurance		○	Other income source	
○	Worker's Compensation		○	Other income source	
Total monthly income for Individual:					

RECEIVING NON CASH BENEFITS *[Head of Household and Adults]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
○	Supplemental Nutrition Assistance Program (SNAP)	○	TANF Child Care Services
○	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	○	TANF Transportation Services
○	Other (specify):	○	Other TANF-funded services

COVERED BY HEALTH INSURANCE *[All Individuals/Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
○	MEDICAID	○	Employer Provided Health Insurance
○	MEDICARE	○	Insurance Obtained through COBRA
○	State Children's Health Insurance (SCHIP)	○	Private Pay Health Insurance
○	Veterans Health Administration (VHA)	○	State Health Insurance for Adults
○	Other (specify)	○	Indian Health Services Program

CONNECTION WITH SOAR *[Head of Household and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention]*

○	No	○	Client doesn't know
○	Yes	○	Client prefers not to answer
		○	Data not collected

IN PERMANENT HOUSING *[Permanent Housing Projects, for Heads of Households]*

○	No	○	Yes

IF "YES" TO PERMANENT HOUSING	
Housing Move-in Date (see note*)	**If client moved into permanent housing, make sure to update on the enrollment screen.*

CITY OF PERMANENT HOUSING LOCATION *[Rapid Re-Housing Projects, for Heads of Households]*

○	Unincorporated King County (includes any community not otherwise listed)	○	Medina
○	Algona	○	Mercer Island
○	Auburn	○	Milton
○	Beaux Arts	○	Newcastle
○	Bellevue	○	Normandy Park
○	Black Diamond	○	North Bend
○	Bothell	○	Pacific
○	Burien	○	Redmond
○	Carnation	○	Renton
○	Clyde Hill	○	Sammamish
○	Covington	○	Sea Tac
○	Des Moines	○	Seattle
○	Duvall	○	Shoreline
○	Enumclaw	○	Skykomish
○	Federal Way	○	Snoqualmie
○	Hunts Point	○	Tukwila
○	Issaquah	○	Woodinville
○	Kenmore	○	Yarrow Point
○	Kent	○	Washington State (outside of King County)
○	Kirkland	○	Outside of Washington State
○	Lake Forest Park	○	Client Doesn't Know
○	Maple Valley	○	Client prefers not to answer
		○	Data Not Collected

If applicable:

Signature of applicant stating all information is true and correct **Date**